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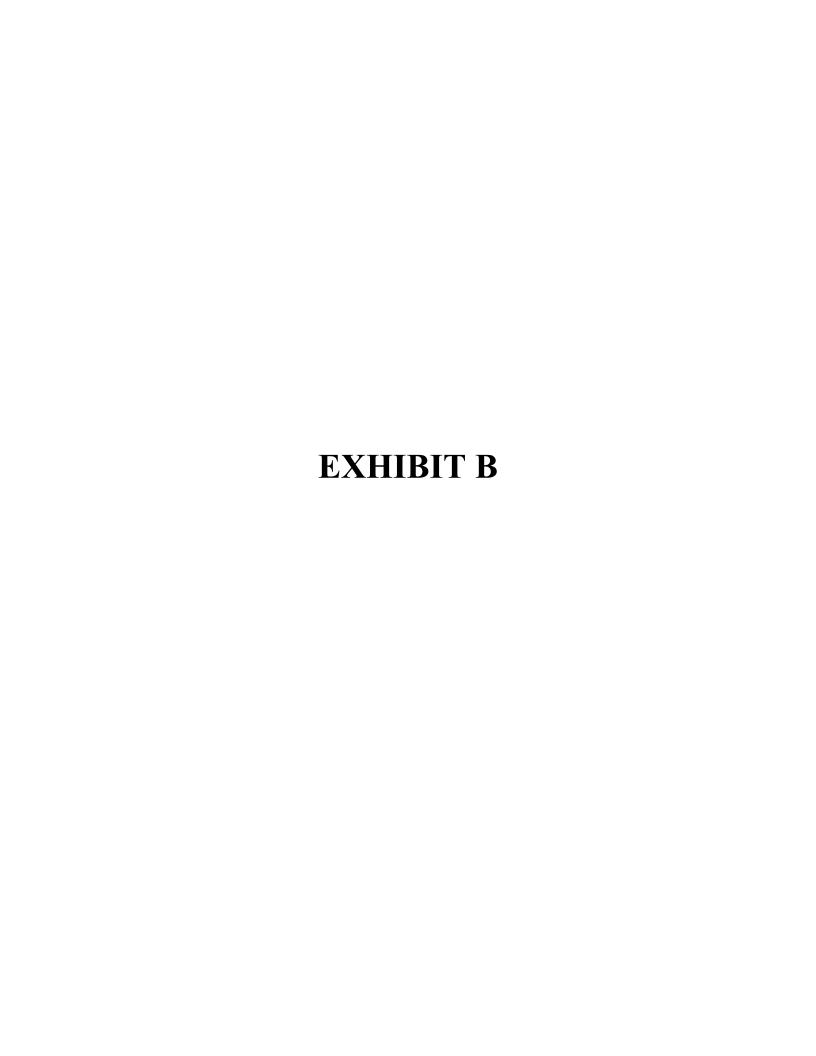
CORPORATION FILE DETAIL REPORT

Entity Name	CMRE FINANCIAL SERVICES, INC.	File Number	67050681		
Status	NOT GOOD STANDING				
Entity Type	CORPORATION	Type of Corp	FOREIGN BCA		
Qualification Date (Foreign)	03/29/2010	State	CALIFORNIA		
Agent Name	C T CORPORATION SYSTEM	Agent Change Date	03/29/2010		
Agent Street Address	208 SO LASALLE ST, SUITE 814	President Name & Address	SANDY LAWRENCE 3075 E IMPERIAL HGWY #200 BREN CA 92821		
Agent City	CHICAGO	Secretary Name & Address	ANDREA PARR SAME		
Agent Zip	60604	Duration Date	PERPETUAL		
Annual Report Filing Date	00/00/0000	For Year	2016		

Return to the Search Screen

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Print this Listing

3/24/2016 Illinois Division of Professional Regulation 11:41:32 AM

SEARCH FOR LICENSEE BY PROFESSION:

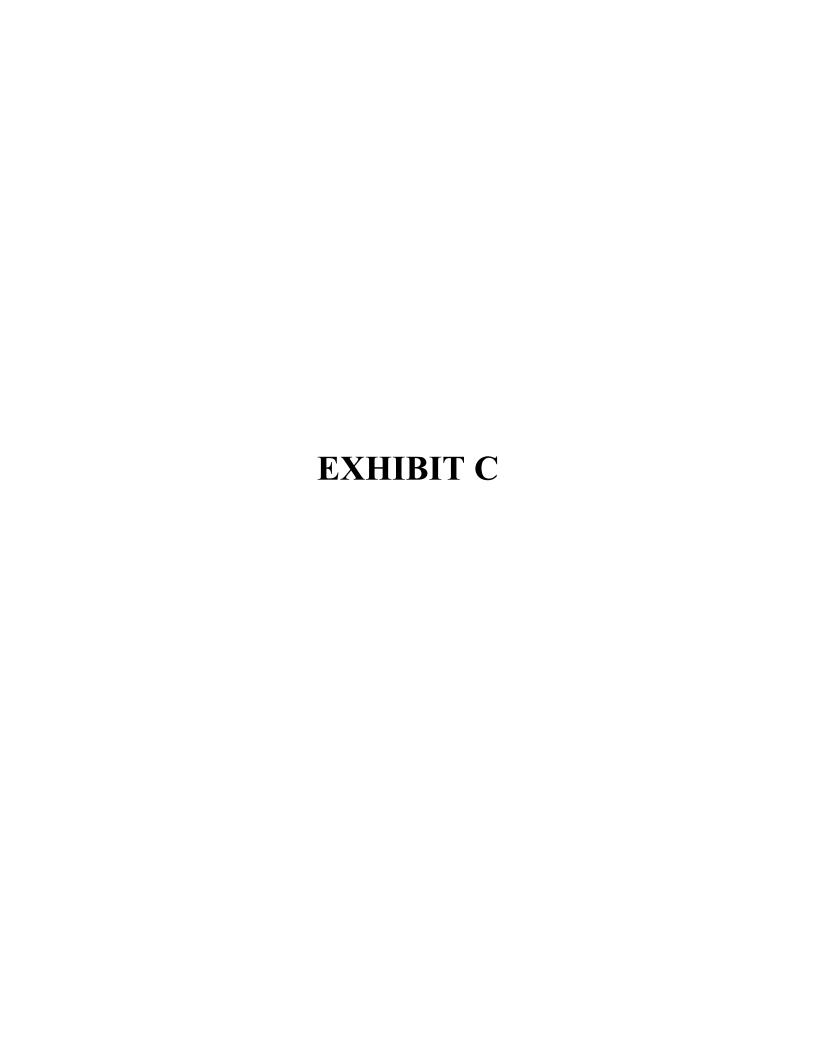
Collection Agency, Licensed

THERE ARE 1 RECORDS WHOSE NAME CONTAINS: CMRE

Licensee's	DBA/AKA	License	License	City,	Original	Current	Ever
Name		Number	Status	State	Date	Exprtn	Discplned?
CMRE FINANCIAL SERVICES INC		017021388	ACTIVE	Brea, CA	07/16/2010	05/31/2018	N

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FAX: (714) 528-5863 HOURS: 8:00 AM - 5:30 PM Pacific Standard Time

PHONE: (800) 783-9118

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□ VISA □ 🚇 □ 🚾					
Single Payment Amount \$					
First Name	Last Name				
Card #					
Card ID (CVV2/CID)	Exp Date				
Principal	Total				
Principal \$924.75	\$924.75				
IRF Account #:	PIN#				

CMRE FINANCIAL SERVICES INC.

3075 E. Imperial Hwy., #200 Brea, CA 92821-6753

For: WEISS MEMORIAL HOSPITAL

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Patient: Angel N Cunningham

Account #:

Statement Date: 06/09/15

Detach and Return Top Portion With Your Payment

This has been sent to you by a collection agency.

Our client has made several attempts to collect this unpaid balance; now this account has been assigned to us for debt collection. Should you have any questions regarding this debt or you would like to set up a monthly payment plan; please contact our office at 800-783-9118, Monday - Friday between the hours of 8:00am to 5:30pm PST.

We accept payment using: Visa, MasterCard, Discover Card, American Express, Western Union-Quick Collect, or you can mail a personal check, bank check or money order by including the payment voucher at the top of this statement.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: Obtain verification of the debt or obtain a copy of judgment and mail you such copy of verification or judgment. If the original creditor is different from the current creditor, our office will provide you with the name and address of the original creditor upon receipt of written request.

You are hereby notified that a negative credit report may be submitted to Trans Union and Experian and may remain on your credit history for up to 7 years. We will not submit any negative credit reporting about this credit obligation until the expiration of the time period described above.

State and Federal laws require all debt collectors to treat you fairly and prohibit collectors from using profane language or making improper communications with third parties, including your employer. You can contact a nonprofit counseling service in your area, or go the government website www.consumer.ftc.gov for assistance.

Sending an eligible check for payment to us is deemed sufficient authorization to complete the payment by electronic debit. By doing so, your checking account will be debited for the amount of the check and your canceled check will not be returned to your bank. Please contact us at 800-783-9118.

CMRE Financial Services, Inc

Please see reverse side for important information regarding your rights.

Pay by Phone: Please call (800) 783-9118 option 7. We offer check br credit card by phone or Western Union Quick Collect CMRE Account # 003353/1/22 PIN 7722

Ray Online: www.cmrefsl.com. 24/7 using your GMRE Account Number 0033537722 ou may also pay your bill using your custom URL nttp://ancunninghamSaaah.revexpre s com using code ange#659

Pay by Mail: Send payments to CWIRE FINANCIAL SERVICES INC 3075 E. Impertal Hwy., #200 Brea, CA 92821-6753

California Residents:

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The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. Nonprofit credit counseling services may be available in your area. State and federal law require debt collectors to treat you fairly, and prohibit debt collectors from using profane language or making improper communications with third parties, including your employer.

The Rosenthal Act, California Civil Code Section 1788.21, also requires that you notify your creditor within a reasonable amount of time of your change of name, address, or employment for and existing consumer credit.

Colorado Residents:

Colorado Location:

13111 E Briarwood Ave, #340 Centennial, CO 80112

(303) 309-3839

For information about the Colorado Fair Debt Collection Practices Act, see www.coloradoAttorneygeneral.gov/ca. A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt.

Massachusetts Residents:

Notice of important rights:

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten days unless you provide written confirmation of the request postmarked or delivered within seven days of such request. You may terminate this request by writing to the debt collector.

Minnesota Residents:

This collection agency is licensed by the Minnesota Department of Commerce.

Nevada Residents:

When collecting a debt on behalf of a hospital, within 5 days after the initial communication with the debtor in connection with the collection of the debt, a collection agency shall, unless the following information is included in the initial communication, send a written notice to the debtor that includes a statement indicating that:

(a) If the debtor pays or agrees to pay the debt or any portion of the debt, the payment or agreement to pay may be construed as: (1)An acknowledgment of the debt by the debtor; and

(2)A waiver by the debtor of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt; and

(b) If the debtor does not understand or has questions concerning his or her legal rights or obligations relating to the debt, the debtor should seek legal advice.

New York City Residents:

New York Department of Consumer Affairs License Number: 3495596

North Carolina Residents:

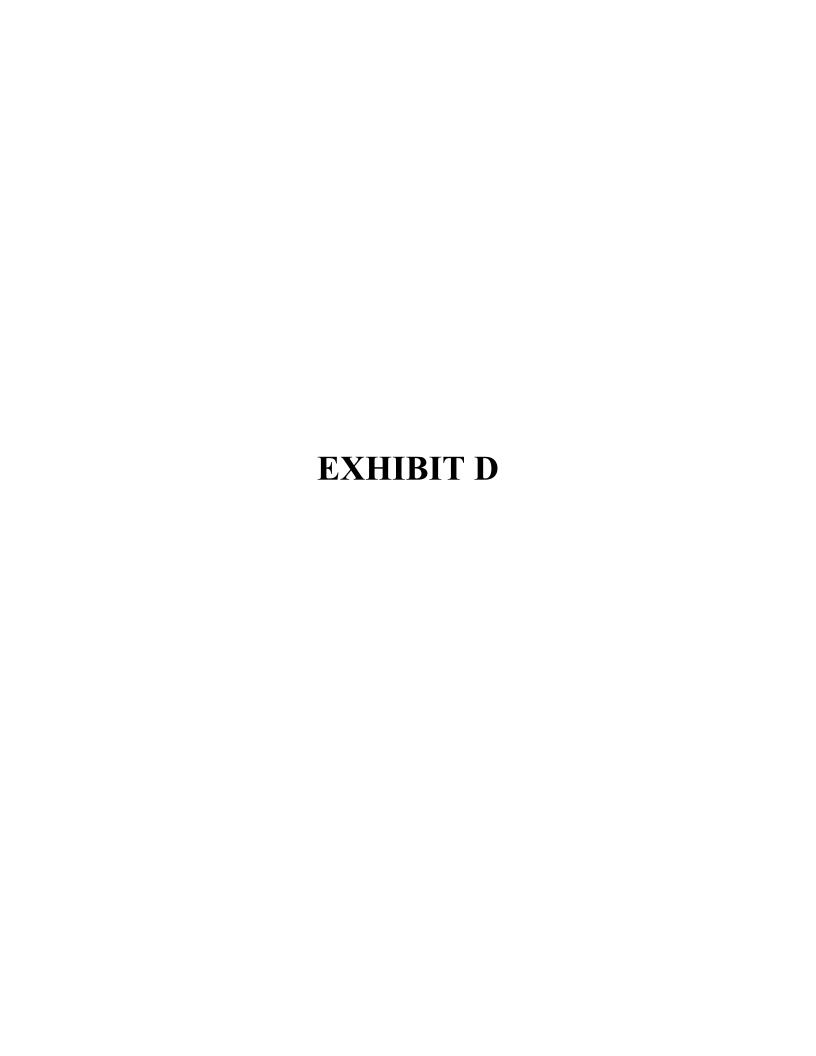
North Carolina Permit Number: 103839

Tennessee Residents:

This collection agency is licensed by the Collection Service Board of the Department of Commerce and Insurance.

Wisconsin Residents:

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org.





Names Reported: ANGEL L. CUNNINGHAM and ANGEL E. CUNNINGHAM



CMRE FINANCIAL # 3076 E IMPERIAL HWYSTE 200 BREA, CA 92821 (877) 572-7655

Placed for

collection: Responsibility:

Account Type: Loan Type:

Individual Account Open Account COLLECTION

AGENCY/ATTORNEY

06/03/2015

Balance:

Date Updated: Original Amount: Original Creditor:

Past Due:

\$925

11/14/2015 \$924

MEDICAL-MEDICAL PAYMENT DATA (MedicaVHealth

Care) >\$925<

Pay Status: >In Collection<

Remarks: >PLACED FOR COLLECTION<

Estimated month and year that this item will be removed: 10/2020